

Prepared Statement

of

Edward P. Wyatt, Jr.

**Principal Deputy Assistant Secretary of Defense
(Health Affairs)**

on

The Transition of Service Members Requiring Health Care

Between the Department of Defense and the Department of Veterans Affairs

Before the

**Committee on Veterans' Affairs
U.S. House of Representatives**

October 16, 2003

Introduction

Mr. Chairman and members of this distinguished committee, thank you for the opportunity to be here today to discuss the coordination of health care for transitioning service members between the Department of Defense (DoD) and the Department of Veterans Affairs (VA). Today, we have more than 253 thousand service men and women deployed in support of our nation's defenses, including those serving in Afghanistan and Iraq. DoD is firmly committed to providing the best health care services for our operating forces. In the past year, more than 180 thousand men and women have left military service, and the vast majority are eligible for VA care. Our concern for the well being of service members extends well beyond their time on active duty. I want to assure you that as the Principal Deputy Assistant Secretary of Defense for Health Affairs, my highest priority is to maintain the health of our military members with a continuum of medical care protecting each service member from entrance into the military to separation from the military and transition to the VA healthcare system. I also acknowledge that we need to make improvements to our Force Health Protection and surveillance programs. GAO has recently completed a report on our health-assessment programs and noted various shortcomings. The Department of Defense has accepted GAO's recommendations regarding the implementation of an effective quality assurance program to ensure compliance with force health protection and surveillance requirements. The Assistant Secretary of Defense, Health Affairs is establishing a comprehensive quality assurance program and coordinating Service specific quality assurance force health protection and surveillance programs.

As you know, the Department of Defense and Department of Veterans Affairs have joined forces to provide our nation's military and veterans with improved health care services. Over the past year, many initiatives between the two Departments have launched a new era of DoD/VA collaboration, with unprecedented strides toward a new federal partnership that promises to transcend business as usual, and is already seen as a model for inter-agency cooperation across the Federal government.

We are pleased to report that we have just approved a VA-DoD Joint Strategic plan to guide our relationship over the coming years. We believe that this plan not only institutionalizes our current collaborative efforts but also identifies joint objectives, strategies and best practices for future collaboration. Through our VA-DoD Joint Executive Council, we will ensure leadership oversight is given to all of these initiatives as we continue to develop our strategic partnership. Coordination of health care services for our transitioning service members is a major area of focus in this joint strategic plan.

Force Health Protection

Protecting our forces is the primary mission of the Military Health System. As part of our Force Health Protection program, our objectives are to recruit and maintain a healthy and fit force, to prevent disease and injury, and to provide medical and rehabilitative care to those who become ill or injured. The rigorous requirements of the medical entrance physical examination and our periodic physical examinations, HIV screening, annual dental examinations, physical fitness training and testing, immunizations and regular medical record reviews ensure a healthy force.

Deploying personnel receive pre-deployment health assessments that check the individual's current health and include reviews of required immunizations and other protective medications and measures, personnel protective and medical equipment, serum (HIV) samples — preserved in the DoD Serum repository — dental readiness classification, and briefings on deployment-specific health threats and countermeasures.

We routinely deploy preventive medicine, environmental surveillance, and forward laboratory teams to support our worldwide operations. Extensive environmental assessments of staging areas and base sites are conducted before and during deployments. The Army's Center for Health Promotion and Preventive Medicine also supplies environmental sampling materials for deployed forces, and develops pocket-sized "staying healthy" guide books for deployed service members.

Our post-deployment health assessments gather information from deployed service members to help medical personnel evaluate health concerns or problems that may be related to the deployment. Face-to-face health assessments with trained health care providers determine referrals for appropriate medical follow-up. Blood samples are taken within 30 days and are archived. Pre- and post-deployment health assessments and deployment health records are maintained in the individual's permanent health record, which is available to the VA upon the service member's separation from the military.

After service members return from deployments, health care focused on post-deployment problems and concerns is provided by military and VA providers using the jointly developed Post-Deployment Health Clinical Practice Guideline. The guideline provides a structure for the evaluation and management of service members, their families and veterans with deployment-

related concerns. It provides health care professionals access to expert clinical support for patients with difficult symptoms and illnesses, as well as deployment-related information.

The military health care system is actively providing world class health care to those in uniform every day. We see 193 thousand active duty outpatients each week. In a typical week nearly 14 hundred of our service members are admitted to our health care facilities, and we issue them more than 2 hundred thousand prescriptions each week. Since the start of Operation Iraqi Freedom, 13 percent of those medically evacuated were for combat related injuries, and 87 percent were evacuated for disease or non-battle injuries. Irrespective of the cause of a military member's illness or injury, our focus is to provide the care needed and whenever possible, to return that person to duty.

A service member's ability to return to full duty is based on a careful health evaluation by a physician. If a member is found to be unfit for continued active duty by their attending physician, a Medical Board review process is initiated. This document is counter-signed by another specialist within the discipline of the attending physician - usually the attending physician's clinical supervisor. The service member is referred to a Physical Evaluation Board (PEB) where it is determined if the individual is fit to perform duties. If the determination is made that the individual is not fit to perform duties, he or she may be discharged from military service with or without severance pay, permanently retired with disability pay, or placed on the Temporary Disability Retirement List (TDRL) with DoD disability retired pay, or they can apply for VA disability compensation and can elect to receive that benefit.

Those placed on TDRL are periodically evaluated over a five-year period to determine if they are fit to perform duties. At each step along these medical processes, the service members are provided information about their rights and their choices.

Seamless Transition of Health Care Services

We in DoD recognize that those men and women in uniform who are our beneficiaries will become beneficiaries of the Department of Veterans Affairs. We have worked to develop systems for a smooth and seamless transition from our health care system to the VA's.

All members referred to a Physical Evaluation Board (PEB) must attend Disability Transition Assistance Program (DTAP) training. During this training, a counselor from the VA addresses the group and informs them of the benefits provided by the VA, how to file a claim with the VA and discusses how disability ratings are determined. In addition, before separation, members with disabilities are required to file or decline to file a claim with the VA for compensation, pension or hospitalization.

As an example, at the National Naval Medical Center, Bethesda, the Naval treatment facility that treated all Marine Corps casualties from Operation Iraqi Freedom early in the conflict, VA counselors conduct the DTAP VA sessions in person and VA dispatches a counselor twice weekly to meet with returning casualties to explain potential benefits and initiate claims processing actions. VA counselors are full-time at Walter Reed Army Medical Center in Washington.

Active duty members voluntarily separating from the service, who have not been referred to the PEB are required to receive mandatory pre-separation counseling through the Transition Assistance Management Program (TAMP). The TAMP program is a cooperative effort between the DoD, Department of Labor and the VA. Each separating member is required to fill out a Pre-

separation Counseling Checklist, which includes a requirement for the member to be briefed regarding VA benefits, including health care services available.

The process for notifying the VA when a service member is being discharged from DoD care depends on whether the member is referred to the Physical Evaluation Board (PEB) or not. For members referred to the PEB, VA notification occurs during Disability Transition Assistance Program counseling. For members not referred to the PEB, the member's separating command submits a claim package to the VA.

The Benefits Delivery at Discharge program has VA doctors actually performing separation physicals for service members, which will serve as their compensation and pension examination. Their objective is to make disability evaluation decisions and award benefits within thirty days of separation. Today there is a fully functional Veterans Benefits Administration presence at 133 military installations in 42 states, Washington D.C., Germany and Korea.

As another new pilot program, the Army has integrated VA social workers into medical facilities to work with patients before they separate from the military.

Since 1998, the VA has had the authority to provide veterans of combat operations a two-year access period to medical care for deployment related health concerns, even without a service-connected disability, following their separation from active service.

We have already made significant progress in ensuring pertinent medical data is transferred to the VA on service members upon their separation from active duty. Through our Federal Health Information Exchange, an exemplary model of collaboration between both Departments, DoD transfers electronic health information on separating Servicemembers to the VA. Currently, DoD sends VA laboratory results, outpatient military treatment facility

pharmacy data, radiology results, discharge summaries, demographic information and admission, disposition and transfer information. By the end of this year, DoD will also send allergy information and consult results. DoD has transmitted to VA more than 54 million messages of health information on 1.76 million discharged or retired service members over the last 22 months. To further strengthen DoD/VA electronic medical information exchange, while leveraging departmental systems investments, we are working with our VA counterparts to ensure the interoperability of our electronic medical records by the end of FY 2005.

New Opportunities

DoD and VA are moving forward jointly to improve the efficiency and accuracy of enrollment and eligibility information through the creation of integration points that will permit VA to access the Defense Enrollment and Eligibility Reporting System (DEERS) in real time by the end of 2005, a key objective in the President's Management Agenda. This information technology initiative will be a significant step to a seamless transition and will markedly enhance the continuity of care for our nation's veterans.

Mr. Chairman, my VA colleague, Dr. Roswell, and I, share a common vision of quality health care for our men and women serving our country, their families, and those that have served us so well in the past. DoD's concern for the well being of our servicemembers extends beyond just their time on active duty. Cooperative efforts with the VA will provide the best possible service through improved coordination of health care services and increased efficiency to the benefit of the servicemembers, veterans and taxpayers.